Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OR	OTHER	
TOTAL CLAIMS			26					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2.5 minus 20=		. 5			X\$ 9=		OR	X\$18=	00
INDEPENDENT CLAIMS			4 minus 3 =		•			X40=		OR	X80=	80
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	-0
• (f	the difference	in column 1 is	less than zero, enter		"0" in column 2		l	TOTAL		OR	TOTAL	<i>V\$0</i>
~ ~ ~¢LAIMS AS AMENDED - PART II										, •	OTHER	THAN
7-27.02 (Column 1)			(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	·ale	Minus	• එ	5_	=		X\$ 9=		OR	X\$18=	18,00
	Independent	· 4	Minus	•••	4	<u> -</u>		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		, [+135=		OR	+270=	
)· , •				L	TOTAL		OR	TOTAL ADDIT, FEE	18.10
<	16/05	(Column 1)		(Colu	mn 2)	(Column 3)		NODIT. FEE			ADDII. FEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 23	Minus	.9	4	=	lſ	X\$-9=		OR	X\$18=	:
	Independent	• 4	Minus	***	4	-		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
							A	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	IJ	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	11	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		1	.105			→270 −	•
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
											ADDIT. FEE	
•	The "Highest Num	ber Previously Pa	id For (Total o	r Independ	ent) is the	highest numb	er four	no in the ap	propriate box	in co	umn 1.	

Application or Docket Number